



FEE TRANSMITTAL for FY 2005		Application Number	10/713565
		Filing Date	11/13/2003
		First Named Inventor	Harvey A. Fishman
		Art Unit	1651
<input type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	Ford, Allison
TOTAL AMOUNT OF PAYMENT	\$120	Attorney Docket Number	S02-296/US

METHOD OF PAYMENT (<i>Check all that apply</i>)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	
	<i>Small Entity</i>		<i>Small Entity</i>		<i>Small Entity</i>		
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. Excess Claims Fees							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity) 2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity) 2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold	=	Extra Claims	Fee (\$)			
23	23	=	0	X \$50 (\$25)	\$0		
Indep. Claims	Threshold	=	Extra Claims	Fee (\$)			
2	3	=	0	X \$200 (\$100)	\$0		
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$360 (\$180)			
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X \$250 (\$125)	\$0			
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)				01 FC:1251	120.00 OP		
Other: One Month Extension Fee					\$120.00		

SIGNATURE <i>Ron Jacobs</i>			
PRINTED NAME	Ron Jacobs	TELEPHONE	650-424-0100
DATE	7/26/06	REGISTRATION NUMBER	50,142



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/713,565

Docket No.: S02-296/US

Filing Date: 11/13/2003

Art Unit: 1651

Applicants: Fishman *et al.*

Examiner: Allison M. Ford

Title: Artificial Synapse Chip

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner of Patents, Alexandria, VA 22313-1450

on 7.26.06
Date

Chapman
Signature

Angail Capulm
Type or print name of person signing

Reply under 37 CFR 1.111

Assistant Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

This reply is in response to an Office Action dated 04/17/2006. With this reply, the Applicant kindly requests to amend the claims in the application as follows.